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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/694,582	
	Filing Date	10/27/2003	
	First Named Inventor	Sandro David Klein	
	Art Unit	2612	
	Examiner Name	Brown, Vernal U.	
Total Number of Pages in This Submission	15	Attorney Docket Number	81230.98US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (Resubmission) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - return postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Customer No. 34018 Greenberg Traurig, LLP		
Signature			
Printed name	Gary R. Jarosik		
Date	March 23, 2007	Reg. No.	35,906

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	Ranni Matar	Date	March 23, 2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Klein et al.)	Examiner:	Brown, Vernal U.
)		
Serial No.:	10/694,582)	Art Unit:	2612
)		
Filed:	October 27, 2003)	Attny Doc.:	81230.98US1
)		
Title:	Controlling Device Having)		
	A Device Mode State)		
	Toggle Feature)		

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 23, 2007 please enter the Amendments to the claims that begin on page 2 of this paper and consider the Remarks that begin on page 12 of this paper.

The Commissioner is authorized to charge any fee deficiency or credit overpayment to deposit account 50-2428 in the name of Greenberg Traurig.

Certificate of Mailing: The undersigned hereby certifies that this document and its enclosures are being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 23rd day of March, 2007.

By: Ranni Matar
Ranni Matar